CollegeCounts Alabama's 529 Fund

Enrollment Form

Return this Form to:
CollegeCounts 529 Fund
P.O. Box 85290
Lincoln, NE 68501

Overnight Mail:
CollegeCounts 529 Fund
6811 South 27th Street
Lincoln, NE 68512

Enroll Online at CollegeCounts529.com or Complete This Enrollment Form to Open a CollegeCounts Account.

If you have questions, please call us at **866.529.2228,** Monday–Friday, 7:30 a.m. to 6 p.m. (Central).

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, you must provide your name, address, date of birth, Social Security number or Taxpayer Identification Number, and other information that will allow us to identify you.

1. Account Type and Owner Information

(Please check only one and complete the appropriate information.)

☐ **Individual Account**

Account Owner Legal Name (First, M.I., Last): ____________________

Account Owner Social Security Number: ____________________

Account Owner Date of Birth (MM/DD/YYYY): ____________ Gender: ☐ Male ☐ Female

Residency Status: ☐ U.S. Citizen ☐ U.S. Resident Alien

☐ **UGMA/UTMA Account**

UGMA/UTMA Custodian Name: ____________________

UGMA/UTMA Custodian Social Security Number: ____________________

UGMA/UTMA Custodian Date of Birth (MM/DD/YYYY): ____________ Gender: ☐ Male ☐ Female

Residency Status: ☐ U.S. Citizen ☐ U.S. Resident Alien

☐ **Trust-Owned Account**

- **Attach copy of Trust Agreement**

Name of Trust: ____________________

Trust Tax ID Number: ____________ Date of Trust: ____________

Name of Trustee: ____________________

Social Security or Taxpayer Identification Number of Trustee: ____________________

Date of Birth of Trustee (MM/DD/YYYY): ____________________

☐ **Corporate, 501(c)(3), or other Entity-Owned Account**

- **Attach a copy of the corporate resolution, bylaws, or charter that lists the person authorized to act on behalf of the organization.**

☐ Corporation ☐ 501(c)(3) ☐ Other (Please Specify): ____________________

Name of Corporation, 501(c)(3), or Other Entity: ____________________

Entity Taxpayer Identification Number: ____________________

Name of Authorized Representative: ____________________

Social Security or Taxpayer Identification Number of Authorized Representative: ____________________

Date of Birth of Authorized Representative (MM/DD/YYYY): ____________________

2. Account Holder from Section 1 Address and Contact Information

Street Address (no P.O. Boxes): ____________________

City, State, Zip: ____________________

Mailing Address (if different from above): ____________________

City, State, Zip: ____________________

Daytime Phone Number: ____________________ Evening Phone Number: ____________________

Email Address: ____________________

3. Beneficiary Information (The future student or the name of the beneficiary of the UGMA/UTMA)

Legal Name (First, M.I., Last): ____________________

Social Security or Taxpayer Identification Number: ____________________

Date of Birth (MM/DD/YYYY): ____________________ Gender: ☐ Male ☐ Female

☐ Please check this box if the Beneficiary's address is the same as the Account Holder's.
If so, you do not need to complete the address line below.

Street Address (no P.O. Boxes): ____________________

City, State, Zip: ____________________

4. Successor Account Owner (Not permitted for UGMA/UTMA Accounts)

- **You may name a Successor Account Owner to take control of the Account in the event that the Account Owner dies or becomes legally incompetent.**

Legal Name (First, M.I., Last): ____________________

Social Security or Taxpayer Identification Number: ____________________

Date of Birth (MM/DD/YYYY): ____________________

5. Investment Portfolio Selection

Check only one box: A, B, or C.

(Your initial and future contribution(s) will be invested based on your following selection, unless directed otherwise.)

☐ **A. Age-Based Portfolios** (If you've checked box A, ***select one*** of the following)

☐ Aggressive Portfolio ☐ Moderate Portfolio ☐ Conservative Portfolio

☐ **B. Target Portfolios** (If you've checked box B, ***select one*** of the following)

☐ Fund 100 ☐ Fund 80 ☐ Fund 60 ☐ Fund 40 ☐ Fund 20 ☐ Fixed Income Fund

☐ **C. Individual Fund Portfolios** (If you've checked box C, select any of the following [must total 100%])

Money Market

_______% Vanguard Prime Money Market 529 Portfolio

Fixed Income

_______% PIMCO Short-Term 529 Portfolio

_______% Vanguard Short-Term Bond Index 529 Portfolio

_______% Vanguard Intermediate-Term Bond Index 529 Portfolio

_______% Vanguard Total Bond Market Index 529 Portfolio

_______% Fidelity Advisor Investment Grade Bond 529 Portfolio

_______% Vanguard Short-Term Inflation-Protected Securities 529 Portfolio

_______% Vanguard Inflation-Protected Securities Index 529 Portfolio

Balanced

_______% T. Rowe Price Balanced 529 Portfolio

Real Estate

_______% Vanguard REIT Index 529 Portfolio

Domestic (U.S.) Equity

<u>Large-Cap</u>

_______% Vanguard Value Index 529 Portfolio

_______% DFA U.S. Large Cap Value 529 Portfolio

_______% Vanguard 500 Index 529 Portfolio

_______% Vanguard Total Stock Market Index 529 Portfolio

_______% Vanguard Growth Index 529 Portfolio

_______% T. Rowe Price Large-Cap Growth 529 Portfolio

<u>Mid-Cap</u>

_______% Vanguard Mid-Cap Index 529 Portfolio

_______% Vanguard Extended Market Index 529 Portfolio

<u>Small-Cap</u>

_______% Vanguard Small-Cap Value Index 529 Portfolio

_______% DFA U.S. Small Cap Value 529 Portfolio

_______% Vanguard Small-Cap Index 529 Portfolio

_______% Vanguard Small-Cap Growth Index 529 Portfolio

_______% Vanguard Explorer 529 Portfolio

International Equity

_______% Vanguard Total International Stock Index 529 Portfolio

_______% Dodge & Cox International Stock 529 Portfolio

6. Funding Method(s)

(Check all that apply.)

☐ **Check** (payable to CollegeCounts 529 Fund) $________________________________

☐ **One-Time Electronic Funds Transfer** from your bank account $________________________________
This amount will be your initial contribution to open your account. Please provide your bank information in Section 7.

☐ **Automatic Investment Plan** $________________________________

- **This authorizes automatic investments from your bank account. Please provide your bank information in Section 7 below.**

Frequency:

☐ Monthly (Date) ______
(If you do not provide a date, the transfer will occur on the 17th of each month.)

☐ Twice a Month (Dates) ______ & ______
(If you do not provide dates, the transfers will occur on the 7th and the 21st of each month.)

☐ Quarterly (Day of Month): ________
☐ January, April, July, October ☐ February, May, August, November ☐ March, June, September, December

☐ Annually (MM/DD) ______________

☐ **Payroll Deduction.** Complete the Payroll Deduction Form and return with this Enrollment Form.

☐ **Deposit of UGMA/UTMA Custodial Assets.** I am funding this custodial 529 Account with the proceeds from the sale of assets held in a custodial account that was established under a Uniform Gift/Transfer to Minors Act (UGMA/UTMA) for the benefit of the Beneficiary indicated in Section 3 of this Enrollment Form. I have read the Program Disclosure Statement and Account Agreement and understand that I will be considered the custodian of this Account as UGMA/UTMA custodian for such Beneficiary. I understand that this means I will not be able to change the Beneficiary on this Account, nor make Non-Qualified Withdrawals other than for the benefit of such Beneficiary. I understand that these same restrictions will apply to other contributions made to this Account, regardless of the source of the funds.

☐ **Rollover/Transfer Into the CollegeCounts 529 Fund:** You may transfer funds from another 529 qualified tuition program, directly transfer funds from a Coverdell Education Savings Account, and contribute proceeds from United States Savings Bonds. Certain rules and requirements must be met. For more information, consult the CollegeCounts 529 Fund Program Disclosure Statement and your financial, tax, or legal advisor.

☐ Direct Rollover from another Qualified 529 Plan* ☐ Coverdell Education Savings Account*

☐ Qualified U.S. Savings Bond

*If you select this option, you must complete the Rollover Form and submit it with this Enrollment Form.

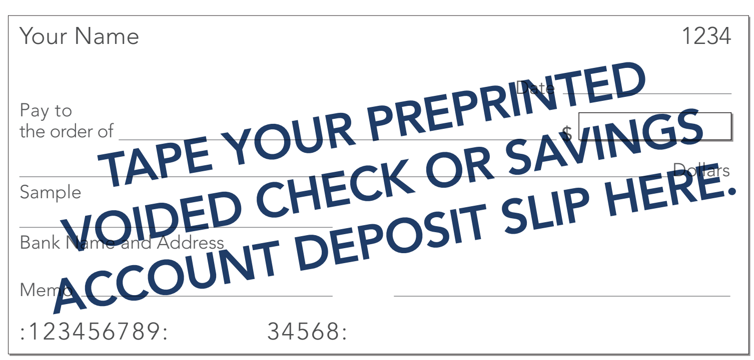
> It is important that you provide a statement from the prior financial institution breaking down the earnings and cost basis. If you do not provide a statement, the entire amount will be treated as earnings in computing future withdrawals.

7. Banking Information

Account Type:

☐ Checking ☐ Savings

- **Tape voided check here. Do not staple.**
  This bank account will automatically be linked to your CollegeCounts 529 Fund Account for telephone and website purchases and redemption/withdrawal transactions.



8. eDelivery of Documents (Select the below box to sign up for eDelivery.)

☐ **I consent to the electronic delivery of the documents listed below.**

- Account Statements / Plan Disclosure Documents and Updates / Plan News

I understand that when a new document is available, I will receive an email notification to the email address I have provided CollegeCounts.

Please send email notification to this email address:____

The email notification from CollegeCounts will include a link to the CollegeCounts529.com site that will take me directly to the login page where I can enter my credentials and view and download the document. This consent will remain effective until I revoke it.

At the time my Account is established, I will receive a confirmation email that will enable me to complete my eDelivery registration and select my preferences.

9. Optional Demographic Information

(For statistical purposes only)

The following information is being requested for tracking purposes. Your response will be kept confidential. See the Program's Privacy Notice.

1. How did you hear about CollegeCounts?
(you may select more than one)

- ☐ Friend, family, or colleague
- ☐ Internet research
- ☐ Program representative/event
- ☐ Employer
- ☐ Event (Baby Palooza, Learning Expo, PTA, Fall Festival, or other event)
- ☐ CPA or Tax Professional
- ☐ Child's Day Care Provider
- ☐ Facebook
- ☐ Service Group Presentation (Rotary, Kiwanis, Optimist, Civitan, other)
- ☐ Attorney
- ☐ Child's School
- ☐ Public library
- ☐ Direct mail
- ☐ News story
- ☐ College Saving Plan Network
- ☐ Online advertising
- ☐ TV commercial
- ☐ Radio
- ☐ Email
- ☐ Print ad
- ☐ Financial advisor
- ☐ Other ____________________

2. What aspect(s) of CollegeCounts are most appealing to you?

- ☐ Tax advantages
- ☐ Flexibility
- ☐ Estate planning
- ☐ Affordability
- ☐ Multi-managed investments

3. Indicate your education level
(select highest level completed)

- ☐ High school
- ☐ Some college
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate
- ☐ Professional

10. Authorization

By signing below, I understand and hereby certify that:

I have received and consent and agree to all the terms and conditions of the Program Disclosure Statement, including all fees and expenses; the Account Agreement; and, this Enrollment Form, and agree to be bound by their terms and all amendments.

I understand each Account established herein is governed by an arbitration clause, which is set forth in Section 12 of the Account Agreement. I acknowledge receiving a copy of the arbitration clause.

I am at least 19 years of age and of full legal age in the state in which I reside. I am a U.S. citizen or a U.S. resident alien.

I acknowledge that Accounts established under the CollegeCounts 529 Fund and their earnings are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other governmental agency; are not a deposit or other obligation of Union Bank & Trust Company; are not guaranteed by the State of Alabama, the State Treasurer of Alabama, the Board or Union Bank & Trust Company; and are subject to investment risk, including loss of principal.

I understand that it is the Program's policy to send one copy of the Program Disclosure Statement for all Accounts I am the Account Owner of. I understand this applies to all existing Accounts and any Accounts that I may open in the future. I consent to this policy.

I authorize Union Bank & Trust Company, its agents and affiliates, and the Trust to act on any instructions believed to be genuine and from me for any telephone, electronic, and website services. Union Bank & Trust Company and the Trust use procedures designed to verify the authenticity of the Account Owner or Custodian. If these procedures are followed, Union Bank & Trust Company and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain information about my Account and can make telephone, electronic, or computer exchange and/or redemption, contribution, or withdrawal transactions on my behalf.

By selecting the electronic transfer service in Section 6 and 7, I hereby authorize Union Bank & Trust Company to initiate debit and/or credit entries to the bank account indicated above, and the bank indicated above to debit the same amount. I acknowledge that the referenced bank account will be linked to my CollegeCounts 529 Fund Account so that I may purchase or sell shares by telephone or online at CollegeCounts529.com. This authority is to remain in full force and effect until Union Bank & Trust Company has received notification from me of its modification or termination in such time as to afford Union Bank & Trust Company reasonable time to act on it. I understand that if a transaction cannot be made because of insufficient funds or because either account has been closed, this service will be cancelled by Union Bank & Trust Company. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of applicable law. I further agree that if my draft is dishonored for any reason, with or without cause, Union Bank & Trust Company will not bear any liability. Union Bank & Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or my CollegeCounts 529 Fund Account. Please retain a copy of this authorization for your records.

If established with a Trust as Account Owner, by signing this Enrollment Form, the undersigned Trustee or Trustees certify that the provided trust agreement (or excerpts thereof) is a true copy of the current and valid legal document(s) and that there are no other Trustees of the Trust other than those listed in Section 1.

CERTIFICATION. Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature and Date Required

X ____

Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee　　Date

____

Print Name Here

____

Title (if an entity other than an individual is establishing the Account)

If the Account Owner is a trust and there is more than one trustee, the additional trustee must sign here.

X ____

Signature of Co-Trustee

____

Print Name Here　　Date

CollegeCounts℠ Alabama's 529 Fund

Rollover Form

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P.O. Box 85290
Lincoln, NE 68501

Overnight Mail:
CollegeCounts 529 Fund
6811 South 27th Street
Lincoln, NE 68512

Complete This Form to Initiate a Rollover/Transfer From Another 529 Plan or Coverdell to CollegeCounts

If you have questions, please call us at **866.529.2228,** Monday–Friday, 7:30 a.m. to 6:00 p.m. CT.

1. Type of Rollover/Transfer (Please check only one)

☐ **Another 529 College Savings Plan**

☐ **Coverdell Education Savings Account (CESA)**

2. CollegeCounts 529 Fund Direct Plan Account Information

CollegeCounts Account Number:* ______________________

Account Owner Legal Name (First, M.I., Last): ______________________

Beneficiary Name (First, M.I., Last): ______________________

Last 4 digits of Beneficiary's Social Security Number or Taxpayer Identification Number: ______________________

*If you do not have an existing CollegeCounts Account, you must complete a CollegeCounts Enrollment form.

3. Account to be Rolled Over (PLEASE PROVIDE A COPY OF A CURRENT ACCOUNT STATEMENT)

529 Plan Name (if CESA, leave blank): ______________________

Account Number: ______________________

Name of Current 529 Program Manager or CESA Custodian: ______________________

Address of Current 529 Program Manager or CESA Custodian: ______________________

City, State, Zip: ______________________

Phone Number of Current 529 Program Manager or CESA Custodian: ______________________

Current 529 or CESA Account Owner (must be the same as your CollegeCounts Account): ______________________

Current 529 or CESA Account Beneficiary (Check A or B)

☐ **A. Same Beneficiary** as Section 2. Beneficiary Name: ______________________

☐ **B. Different Beneficiary** than Section 2. Beneficiary Name: ______________________

Relationship to Beneficiary* in Section 2 ______________________

*Must be a Member of the Family of the Beneficiary identified in Section 2 above. See page 5 of the Program Disclosure Statement for the definition of a Member of the Family.

4. Rollover Instructions to Current 529 Program Manager or CESA Custodian

☐ **Full Liquidation** Roll over ALL assets in my current account to my CollegeCounts 529 Fund Direct Plan Account.

Estimated Value: $ ______________________

☐ **Partial Liquidation** __________% of Account or as follows:

Fund Name	Account Number	Dollar Amount		
		$	or	☐ ALL
		$	or	☐ ALL
		$	or	☐ ALL

5. Signature and Authorization

I hereby authorize and direct the Rollover indicated above and certify that I have read the Program Disclosure Statement and understand the rules and requirements governing rollovers from other 529 plans or Coverdell Education Savings Accounts.

IMPORTANT: I certify that this Rollover is for the same Beneficiary and that there have been no other rollovers between 529 plans for this Beneficiary in the previous 12 months OR that this Rollover is for a different Beneficiary and the Beneficiary on the CollegeCounts 529 Fund Direct Plan Account is a Member of the Family (as defined in the Program Disclosure Statement) of the Beneficiary on the current 529 plan account I am rolling over.

I certify that all the information contained herein is true and correct.

I acknowledge that the Rollover of funds to the CollegeCounts 529 Fund Direct Plan may have special tax consequences and that neither the Board, the State Treasurer of Alabama, nor the Program Manager will be responsible for the tax consequences of any such Rollover.

I acknowledge that the Rollover proceeds will be invested according to my current investment election on file with the CollegeCounts 529 Fund Direct Plan for my Account at the time the assets are received.

By signing below, I authorize the CollegeCounts 529 Fund Direct Plan to inquire into issues relating to the transfer of my account and for the current 529 program manager or Coverdell Education Savings Account custodian to provide information to the CollegeCounts 529 Fund Direct Plan as they may request.

Signature and Date Required

X ____

Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee   Date

____

Print Name Here

____

Title (if other than an individual)

Medallion Signature Guarantee

Contact your current 529 program manager or CESA custodian to determine if a Medallion Signature Guarantee is required. Many do require a Medallion Signature Guarantee. Without this, the rollover may be delayed. If a Medallion Signature Guarantee is required, please wait to sign until you are in the presence of the bank officer or official who will provide the Medallion Signature Guarantee. A notary public CANNOT provide a signature guarantee.

MEDALLION SIGNATURE GUARANTEE

Note to Guarantor:
Medallion imprints must be fully legible and must not be dated or annotated.

Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee program.

(A NOTARY SEAL IS NOT ACCEPTABLE)

Offered by the State of Alabama

UBT 529 Services a Division of UNION BANK & TRUST COMPANY
Program Manager